## DECLARATION AND POWER OF A'1 FORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAG	ING MATERIALS FOR TRANS	DERMAL DRUG DE	LIVERY SYSTEMS		
the specification of which is attached here	to unless the following box is chec	ked:			
[ ] was filed on armended on(	as United States Application Number or PCT International Application Number and was (if applicable).				
I hereby state that I have reviewed and amendment referred to above.	understand the contents of the al	bove-identified specific	ation, including the claims, as	amended by any	
I acknowledge the duty to disclose infor Regulations § 1.56.	mation which is known by me t	to be material to patent	tability as defined in Title 37,	, Code of Federal	
I hereby claim foreign priority benefits uninventor's certificate, or § 365(a) of any below and have also identified below any before that of the application on which priority.	inder Title 35, United States Cod PCT International application wh foreign application for patent or in ority is claimed:	le, § 119(a)-(d) or § 36 ich designated at least eventor's certificate, or I	55(b) of any foreign application one country other than the UnPCT International application h	on(s) for patent or nited States, listed aving a filing date	
PRIOR FOREIGN APPLICATION(S)				,	
NUMBER	COUNTRY	DAY/I	MONTH/YEAR FILED	PRIORITY CLAIMED	
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I hereby claim the benefit under Title 35, U	Jnited States Code § 119(e) of any	United States provision	nal application(s) listed below.		
APPLICATION NO.		FILING DATE			
60/189,333		March 14, 2000			
I hereby claim the benefit under Title 35 application designating the United States, the prior United States or PCT Internatio acknowledge the duty to disclose inform Regulations § 1.56 which became available application:	, United States Code, § 120 of a listed below and, insofar as the sunal application in the manner protation which is known by me to le between the filing date of the process.	my United States appli bject matter of each of wided by the first para be material to patentation and the			
APPLICATION SERIAL NO.	FILING	FILING DATE		STATUS: PATENTED, PENDING, ABANDONED	
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I hamby amoint as were the control of the		,			
I hereby appoint as my attorneys, with full and Trademark Office connected therewith	Jay G. Kolman, Reg. No. 43,727	nion, to prosecute this a	ppucation and transact all busi	ness in the Patent	

Address all correspondence to NOVEN PHARMACEUTICALS, INC., 11960 S.W. 144<sup>th</sup> Street, Miami, Florida, 33186. Address telephone communications to *Jay G. Kolman* at (305) 253-5099.

I hereby declare that all statements made herein \_\_ my own knowledge are true and that all statements name on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor	Signature of First or Sole Inve	onto-	Date
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